

Check the box that applies before submitting this 6-1

Under \$5k: Determine if there is already an existing state contract before initiating or ordering.

\$5k - \$49,999.00: Three quotes are required to be attached unless on existing state contract.

\$50k and above: A public bid is required unless on existing state contract. A statement of work must also be attached.

DMVA PURCHASE REQUEST 6-1 FORM

Request Dt:		Required By:		State#		CFMO#		Prog Req#		FY:		Dept Area/Grp:		Commodity Code:		
Vendor Name:				Ship To Address:												
Address:																
Vendor POC / Vendor phone:																
Vendor Email:				Requestor Email:								Requestor Phone:				
VCUST:				Assigned To:								Service To/From:				
VCUST:				PRIORITY (Routine = 30 days, Urgent = 7 days, Emergency = 24hrs):												
Qty	Unit	Part#	Description											Unit Price	Est Total	
Federal Line of Accounting		Federal Reimbursement	MCA Appendix #	Responsible Billing Location		SIGMA Acct. Template		Unit		Location		DOBJ (svcs)				
						Task Order		Prog Period		Function		DOBJ (parts)				
Justification, Purpose, Business Case, or Change Requested, and Expected Outcomes																
Enter Consequences or Issues if item or service is not procured																
Requestor (PRINTED)			sign/date below		Federal Funding Approval			sign/date below		State Budget Approval			sign/date below		State Receiver	
Supervisor (PRINTED)			sign/date below		CFMO Final Approver			sign/date below		State Procurement Approval			sign/date below		Date received by State	